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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

ROBIN L TESKIN
BURNS DOANE SWECKER AND MATHIS
P O BOX 1404
ALEXANDRIA VA 22313-1404

HM12/0324

APR 02 1999

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(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|-----------------------|--|--------------|-----------------------------|---------------|
| 08/781,752 | 01/10/97 | 024 | CROUCH, D | 1632 03/24/99 |
| First Named Applicant | STICE, 35 USC 154(b) term ext. = 0 Days. | | | |

TITLE OF INVENTION: CLONING USING DONOR NUCLEI FROM PROLIFERATING SOMATIC CELLS.
(AS AMENDED)

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE | DATE DUE |
|-------------------|----------------|-------------|-------------|--------------|---------|-------------------|
| 1 | 000270-007 | 800-024.000 | 078 | UTILITY | YES | \$605.00 06/24/99 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BURNS, DOANE, SWECKER
& MATHIS, LLP

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE UNIVERSITY OF MASSACHUSETTS

AS REPRESENTED BY ITS AMHERST CAMPUS

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Amherst, Massachusetts

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☒ Issue Fee
☒ Advance Order - # of Copies 11

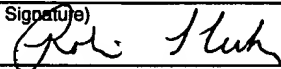
4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)



(Date)

04-02-99

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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04/05/1999 TLWJ22 00000052 08781752

01 FC:242
02 FC:561

605.00 OP
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